

Self Help Projects Statistical Reporting Form for

Please take the time to complete the following questions. DO NOT put your name or case-identifying information. The information below will be used only to help the courts evaluate future program needs.

1. Ethnic background (optional):

- ☐ African American
☐ Asian ☐ No Response
☐ Caucasian
☐ Hispanic
☐ Native-American
☐ Pacific Islander
☐ Other Ethnicity

2. Gender:

- ☐ Male ☐ No Response
☐ Female

3. Combined household income for all adults:

- ☐ \$0 to \$14,999 ☐ No Response
☐ \$15,000 to \$29,999
☐ \$30,000 to \$49,999
☐ \$50,000 to \$69,999
☐ \$70,000 to \$99,999
☐ \$100,000 plus

4. Your highest level of education completed:

- ☐ Less than High School ☐ No Response
☐ High School
☐ Some College
☐ Bachelor's Degree
☐ Advanced Degree
☐ Technical School

5. Please indicate your primary language:

- ☐ English ☐ No Response
☐ Spanish
☐ Other Language

6. Type of Assistance Provided: (check all that apply)

- ☐ Telephone Assistance
☐ Walk-In Assistance
- Must Choose 1

- ☐ Assistance with forms only
☐ Mediation Preparation
☐ Parenting Plan review
☐ Legal Advice
☐ Trial Preparation
☐ Other
- Check All that Apply After Choosing 1 Item Above

For Office Use Only

This Section Must Be Filled Out By Those That Provide Services

7. Assistance By Case Type:

- ☐ Absolute / Limited Divorce
☐ Adoption
☐ Alimony
☐ Child Support - Non IVD
☐ Child Support - IVD
☐ Custody
☐ Name Change
☐ Paternity
☐ Visitation
☐ Domestic Violence
- Choose 1 Primary Case. If Child Support - IVD, Please Enter Case Number
- IVD Case No.

8. Further Assistance Recommended: (Check all that apply)

- ☐ Proceed Pro Se
☐ Legal Services Provider
☐ Lawyer Referral
☐ Child Support Agency
☐ Other: